

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

JAMES FRANCIS, JOSEPH SEARLES, DARRELL
COLBERT, REATHA BROWN, INDIVIDUALLY AND
AS THE REPRESENTATIVE OF THE ESTATE OF
AARON BROWN, JR., MICHAEL DUMAS, WILLIE
ELLISON, ANTHONY GUILLORY, DERRICK
HARRIS, FULTON JOHNSON, VICTOR JONES, RYAN
MCCOY, GERALD MCNEIL, RANCE OLISON, JIMMY
ROBINSON, GLENELL SANDERS, THOMAS
SANDERS, MATTHEW SINCLAIR, RICHARD
SOWELLS, EDWIN WEATHERSPOON, KEITH
WOODSIDE, MILTON WYNN

Plaintiff(s)

v.

Civil Action No. 2:12-cv-06671

ALL AMERICAN SPORTS CORPORATION d/b/a
RIDDELL/ALL AMERICAN

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

All American Sports Corporation
c/o The Prentice Hall Corporation
2711 Centerville Road, Suite 400
Wilmington, DE 19808

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

MICKEY WASHINGTON
5020 MONTROSE BLVD., SUITE 77006
HOUSTON, TX 77006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 1/14/2014



Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 12-6671

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) All American Sports Corporation
 was received by me on (date) 2/4/14

☐ I personally served the summons on the individual at (place) _____
 on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Delivered By Certified Mail to Agent The Prentice Hall Corp
System Inc at 2711 Centerville Rd Wilmington De 19808 on 2/7/14

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 2/17/14

Susan Wyntjes
 Server's signature

Susan Wyntjes Process Server
 Printed name and title

306 Williamsport St League City Tx
 Server's address

77573

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <i>William L. By</i> Date of Delivery <i>2/7/14</i></p>
<p>1. Article Addressed to:</p> <p><i>1/6 The Prentice Hall Corp System Inc.</i> <i>All American Sports Corp</i> <i>2711 Centerville Rd</i> <i>Wilmington DE #400 19808</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Num <i>7008 0150 0001 7211 3985</i></p> <p>(Transfer from)</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <i>Francis</i> 102595-02-M-1540</p>